

PRIVACY AUTHORIZATION

Date: _____

Dear Congressman Sodrel,

I request your assistance in resolving the problems I am having with (name of Federal Agency):

Please make a statement concerning the specific information you are requesting or the exact nature of the problem you have encountered. Use second sheet if necessary.

Federal law prohibits investigations into the lives and records of U. S. Citizens by government agencies, as well as members of Congress, without expressed permission from the individual on whose behalf the inquiry is made. Your full cooperation is requested in ensuring compliance with the 1974 Privacy Act.

Printed Name _____ Phone (Home) _____

Signature _____ Phone (Work) _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Date of Birth _____ Social Security # _____

VA Claim # _____ INS # A- _____

Please mail or fax completed form to:

Congressman Mike Sodrel
279 Quartermaster Court
Jeffersonville, Indiana 47130

Phone: 812-288-3999
Fax: 812-288-3877